

SECTION 4. PROJECTED BENEFIT USE YEARIs the Student Beneficiary currently in school? ☐ No ☐ Yes, current grade is _____

In what academic year do you expect the Student Beneficiary to enter college and/or turn 18-years old? (This is referred to as the Projected Benefit Use Year. See Instructions, Chart A.)

Fall 20 _____**SECTION 5. PLAN SELECTION – Select your plan. You may select both for a Combination Plan.**

<input type="checkbox"/> Lump Sum Plan		<input type="checkbox"/> Custom Monthly Plan
A. Current unit price	\$ 66	A. Select the number of units to purchase under the Custom Monthly Plan: <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 300 <input type="checkbox"/> 350 <input type="checkbox"/> 400 <input type="checkbox"/> 450 <input type="checkbox"/> 500
B. Number of Lump Sum units I am paying for today*		B. Select the payment term (in years): <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18
C. Total amount I am enclosing today for Lump Sum units* (A x B = C). You will receive a coupon book to make future purchases to your account.	\$	C. Monthly Payment Amount (See Instructions, Chart C.) Do <u>not</u> enclose a monthly payment today. Your first payment will be due in 60 to 90 days. You will receive a coupon book unless you have selected another payment option from Section 6 below. \$ _____

***PLEASE NOTE: We can only accept checks, money orders or electronic payments for unit purchases. We do not accept credit/debit cards for unit purchases.**

SECTION 6. ADDITIONAL PAYMENT OPTIONS – Please check all that apply:

- ☐ A. Yes, I want to initiate automatic monthly withdrawals from my bank account. I have completed the ACH Authorization on page 4 of this enrollment form.
- ☐ B. Yes, I want to authorize deductions from my paycheck. I have completed the Payroll Deduction Authorization Form found on GET's Web site at www.get.wa.gov, and will give it to my payroll department. (View a list of participating GET Payroll Deduction Employers also on our Web site.)*
- ☐ C. Yes, I want others to contribute to my GET account. I have completed the Giftor Authorization Form found on GET's Web site at www.get.wa.gov.

* If your employer does not currently offer payroll deduction, would you like to receive a Payroll Deduction Packet for Employers? ☐ Yes ☐ No

SECTION 7. ENROLLMENT FEE – Please select one of the options below:

- ☐ A. I am enclosing my check or money order for my non-refundable \$50 enrollment fee. (Payment must be enclosed with enrollment form.)
- ☐ B. I authorize GET to charge my non-refundable \$50 enrollment fee to my credit/debit card. ☐ VISA ☐ MC ☐ DISC ☐ AMEX
Credit/Debit Card # _____ Expiration Date _____ / _____
Cardholder Signature _____ Cardholder Name as shown on Card _____
- ☐ C. I am not enclosing the non-refundable \$50 enrollment fee, because I believe I qualify for an enrollment fee waiver (see instructions). I understand that the GET Program has final authority to approve all enrollment fee waivers. I am providing the GET account numbers (or SSNs if you are opening the other accounts today and do not have account numbers yet) for the accounts that I have already paid the \$50 enrollment fee.
1. GET Account/SSN # _____ Student Beneficiary Name _____
2. GET Account/SSN # _____ Student Beneficiary Name _____

SECTION 8. ACCOUNT OWNER'S SIGNATURE – REQUIRED

By signing this enrollment form I agree to the following:

- I have completed all required sections of this form and certify that the information provided is true and accurate to the best of my knowledge.
- I have read, fully understand and agree to all the terms and conditions of the Master Agreement and acknowledge that penalties and fees may apply for account cancellation/termination.
- I certify that the Student Beneficiary and/or Account Owner is a resident of Washington State.

Signature of Account Owner, (or Legal Guardian/Custodian if under 18 years of age)
Trustee or Authorized Representative

X

Date

SECTION 9. OTHER PERSONS**(A) ACCOUNT OWNER SURVIVOR - Only one allowed**

Who do you want to become the Account Owner in the event of the Account Owner's death or incapacitation?

☐ **Student Beneficiary**, skip to Part B☐ **Account Owner's estate**, skip to Part B☐ **Other person**, specified below

Last Name First Middle Suffix (Jr., etc.)

SSN/TIN (Required)

Gender:

☐ Male☐ Female

Date of Birth (MM/DD/YYYY)

Mailing Address

☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City

State

Zip

Email

Home phone #

()

Work phone #

()

ext.

Other phone # (please specify type)

()

Do you also want to authorize the Account Owner Survivor to receive verbal information about your account? ☐ Yes ☐ No**(B) INFORMATION RELEASE**

Do you want to authorize another individual, other than the Account Owner or Student Beneficiary, to receive verbal information about your account?

☐ **Yes**, complete this section☐ **No**, skip to Part C.

Last Name First Middle Suffix (Jr., etc.)

SSN/TIN (Required)

Gender:

☐ Male☐ Female

Date of Birth (MM/DD/YYYY)

Mailing Address

☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City

State

Zip

Email

Home phone #

()

Work phone #

()

ext.

Other phone # (please specify type)

()

(C) LEGAL GUARDIAN/CUSTODIAN

Is the Account Owner listed in Section 2 a minor (under 18 years of age)?

☐ **Yes**, you MUST complete this section☐ **No**, skip to next section

Last Name First Middle Suffix (Jr., etc.)

SSN/TIN (Required)

Gender:

☐ Male☐ Female

Date of Birth (MM/DD/YYYY)

Mailing Address

☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City

State

Zip

Email

Home phone #

()

Work phone #

()

ext.

Other phone # (please specify type)

()

SECTION 10. DEMOGRAPHIC INFORMATION - Optional

Student Beneficiary's Relationship to Account Owner: ☐ Child ☐ Grandchild ☐ Great Grandchild ☐ Self ☐ Niece ☐ Nephew
☐ Ward (Legal Guardian) ☐ Other relation ☐ Not related/friend ☐ Other _____

Account Owner's Ethnicity: ☐ African American ☐ Native American or Alaskan Native ☐ Asian ☐ Caucasian ☐ Hispanic/Latino
☐ Native Hawaiian or other Pacific Islander ☐ Multiracial ☐ Other _____

Annual Household Income: ☐ Less than \$20,000 ☐ \$20,000 - \$29,999 ☐ \$30,000 - \$39,999 ☐ \$40,000 - \$49,999 ☐ \$50,000-\$79,999
☐ \$80,000 - \$100,000 ☐ Over \$100,000

Account Owner's Education (check highest grade completed): ☐ K-12 ☐ High School Graduate/GED ☐ Certificate ☐ Associate Degree
☐ Bachelors Degree ☐ Masters Degree ☐ PhD/Doctorate Degree ☐ Other _____

Account Owner's Age Range: ☐ Under 18 Yrs ☐ 18-24 Yrs ☐ 25-34 Yrs ☐ 35-44 Yrs ☐ 45-54 Yrs ☐ 55-64 Yrs ☐ 65 Yrs or older

SECTION 11. AUTOMATIC MONTHLY BANK WITHDRAWAL (ACH) AUTHORIZATION - Optional**Bank Account Holder:**

Last Name First Middle Suffix (Jr., etc.)

SSN/TIN (Required)

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City State Zip

Email

Home phone #

()

Work phone #

()

ext.

Other phone # (please specify type)

()

Account Type: ☐ Checking (attach voided check – do NOT attach voided deposit slip)
☐ Savings (attach voided deposit slip - please be aware that some financial institutions do not allow automatic withdrawal from a savings account)

Bank Automatic Withdrawal Amount \$_____ (per month)

I hereby authorize the Guaranteed Education Tuition Program (GET) to initiate entries to my financial institution account indicated below and the financial institution indicated below to debit this same account. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. Also, GET may cancel my ACH and notify me in writing of such cancellation. I understand that withdrawals occur automatically on the 15th of each month, or on the next business day if the 15th falls on a weekend or holiday. In the event of unsuccessful debits, I understand that GET reserves the right to assess this GET account a returned ACH fee of \$15.00 per returned ACH withdrawal. I understand that GET will process my ACH request upon receipt of my signed authorization. GET will notify me in writing of the first expected ACH withdrawal date, but by signing this form, I acknowledge that GET may begin withdrawals even if I do not receive written notification prior to the first withdrawal date.

Signature of Bank Account Holder

X

Date

Please **TAPE** a checking account voided check or a savings account deposit slip HERE. (Please do NOT staple)
(If you do not provide a checking account voided check, or a savings account deposit slip, please provide the following bank account information):

Financial Institution Name

Telephone Number

City

State

ZIP

Transit Routing Number (9 digits)

Bank Account Number

Submit form to:

**Guaranteed Education Tuition
 PO Box 84824
 Seattle WA 98124-6124**

ENROLLMENT FORM MUST BE POSTMARKED BY MARCH 31, 2006

GET Enrollment Form 2005-2006 Instructions

GENERAL INSTRUCTIONS:

- ☐ PLEASE PRINT OR TYPE ALL INFORMATION except your signature.
 - ☐ Read the GET Program Brochure and Master Agreement for answers to the most frequently asked questions. Copies are available at the program Web site at www.get.wa.gov. If you need additional information or assistance in completing this enrollment form, please email Customer Service at GETInfo@hecb.wa.gov or call TOLL-FREE 1-877-438-8848, 8 a.m. to 5 p.m., PST, Monday through Friday (except state holidays).
 - ☐ Complete a separate enrollment form for each Student Beneficiary you enroll in the program.
 - ☐ Complete all applicable sections of the enrollment form.
 - ☐ Sign and date your enrollment form.
 - ☐ If you are enclosing a rollover payment from another 529 program, US Savings Bonds or Coverdell Education Savings Accounts, complete the Rollover In/Transfer In form and enclose documentation (e.g., account statement or other documentation) indicating the principal and earnings portion of the rollover amount. See the GET Master Agreement for further details.
 - ☐ Pay the one-time \$50 enrollment fee per Student Beneficiary at time of enrollment. A maximum of \$100 per family is charged where all accounts have the same Account Owner and the Student Beneficiaries live at the same address. You may choose to pay your enrollment fee by credit/debit card. See specific instructions in Section 7 for more details.
 - ☐ Make checks payable to Guaranteed Education Tuition. You may write one check for both the enrollment fee and Lump Sum units purchased.
 - ☐ Submit form to:
Guaranteed Education Tuition
PO Box 84824
Seattle WA 98124-6124
- ☐ **Enrollment forms must be completed online or postmarked by March 31, 2006.**

Important Payment Information:

Processing your enrollment form may take 60 days or more. Therefore, you may not receive enrollment confirmation or an account number before the unit price changes on May 1, 2006. We strongly recommend including funds for Lump Sum units with your enrollment form to ensure that you are purchasing the units at the current unit price of \$66. Payments must be **RECEIVED** by April 30, 2006 to purchase Lump Sum units at the current \$66 unit price. Payments on Custom Monthly Plans will be due the 15th of the month, starting 60 to 90 days from the program's receipt of this enrollment form.

SPECIFIC INSTRUCTIONS:

Section 1 – Account Owner

The Account Owner is the individual responsible for payment and is the only one who may make changes to the account. If the Account Owner is an individual person complete the "Individual Account Owner" section. **ONLY ONE INDIVIDUAL CAN BE THE ACCOUNT OWNER.** If the Account Owner is a trust, corporation, non-profit or other entity type, complete the "Other Account Owner Type" section. The Account Owner or the Student Beneficiary must be a resident of Washington State to enroll in the program.

Individual Account Owners

Select the correct option and follow the instructions on the enrollment form.

Other Account Owner Types

Enter the legal name of the trust, corporation, non-profit or other legal entity type to be listed as the Account Owner. Enter the entity's Federal Employer Identification Number (EIN). GET is required to obtain this information for federal tax reporting purposes.

Section 2 – Contact Information

For Individual Account Owners: Enter the legal name of the Account Owner (one person only). If the account will be funded with UGMA/UTMA funds, you must enter the Student Beneficiary as the Account Owner. Enter the Account Owner's social security number. GET is required to obtain this information for tax reporting purposes. Enter the Account Owner's date of birth, gender, mailing address, email, and phone number(s).

For Other Account Owner Types: Enter the name of the individual who is authorized to sign on behalf of the entity. In the case of a trust, the trustee is usually the authorized representative. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the authorized representative. If you want to specify a member of the organization other than the authorized representative as the primary contact, include the contact's name in the mailing address. (The contact, however, does not have the ability to make any changes to the account).

Section 3 – Student Beneficiary

If the Student Beneficiary already has an account with GET where you are listed as the Account Owner, and you wish to purchase more Lump Sum units, you do not need to complete an additional enrollment form. Simply note on your coupon that this is a Lump Sum unit purchase and mail it with the payment to: GET, PO Box 84824, Seattle WA 98124-6124. If you wish to add a Custom Monthly Plan to an existing Lump Sum Plan for the Student Beneficiary, simply complete and submit the Account Change form found on our Web site at www.get.wa.gov. The Account Change form must be postmarked by March 31. Please contact customer service by email at GETInfo@hecb.wa.gov or by phone at 1-877-438-8848 for further guidance.

If the Account Owner is also the Student Beneficiary for the new account, write “SAME AS ACCOUNT OWNER” in Section 3 and skip to Section 4. Otherwise, enter the Student Beneficiary’s legal name. Enter the Student Beneficiary’s social security number. If the Student Beneficiary does not yet have a social security number, please write “**applied for**” and provide the number when you receive it. You have six months to provide GET with the Student Beneficiary social security number. GET is required to obtain this information for tax reporting purposes. Enter the Student Beneficiary’s birth date and gender, mailing address, email and phone number(s).

Section 4 – Projected Benefit Use Year

If the Student Beneficiary is currently in Kindergarten through 12th grade, check the box yes and enter the current grade. Enter the academic year you expect the Student Beneficiary to enter college. See Chart A below.

CHART A – Student Beneficiary’s Projected Benefit Use Year

<u>Student Beneficiary Age/Grade as of August 31, 2005</u>	<u>Projected Benefit Use Year</u>	<u>Student Beneficiary Age/Grade as of August 31, 2005</u>	<u>Projected Benefit Use Year</u>
		3rd Grade	Fall 2015
Born after August 31, 2005	Fall 2024	4th Grade	Fall 2014
Newborn, less than Age 1	Fall 2023	5th Grade	Fall 2013
Age 1	Fall 2022	6th Grade	Fall 2012
Age 2	Fall 2021	7th Grade	Fall 2011
Age 3	Fall 2020	8th Grade	Fall 2010
Age 4/5 (not in Kindergarten)	Fall 2019	9th Grade	Fall 2009
Kindergarten	Fall 2018	10th Grade	Fall 2008
1st Grade	Fall 2017	11th Grade	Fall 2008*
2nd Grade	Fall 2016	12th Grade and Adults	Fall 2008*

*Washington law requires a two-year wait before benefits may be used.
Custom Monthly Plans purchased this year will be available, if paid in full, for Fall 2008.

Section 5 – Plan Selection

The GET Program offers two types of plans: The Lump Sum Plan and the Custom Monthly Plan. GET also offers a combination of the two plans. See Chart B for a summary of the plans.

If you are selecting the Lump Sum Plan, check the appropriate box and provide GET with the number of Lump Sum units you are paying for today and the total amount you are enclosing with the enrollment form for these units. (Please note: We do not accept credit/debit cards for unit purchases.)

If you are selecting the Custom Monthly Plan, review Chart C to determine your monthly payment. Mark the number of units you are contracting for and the number of years you will be making payments. For example, if your Student Beneficiary is currently in the 2nd grade and you wanted to purchase 400 units, Chart A shows a projected benefit use year of Fall 2016. Chart C shows that you may make payments for up to 10 years based on a Fall 2016 projected benefit use year. As you scan across Chart C, you find the column labeled 400 units. Your monthly payment will be \$315 on a 10-year monthly payment schedule. After making all payments, the Student Beneficiary will have 400 units eligible for use, of which 125 may be used in any one academic year. You can choose to make payments over a shorter term, but you cannot select a term longer than 10 years because the account must be paid in full for the Student Beneficiary to use the units in Fall 2016.

CHART B – Lump Sum and Custom Monthly Plan Comparisons

Lump Sum and Custom Monthly Plan Comparisons	Lump Sum Plan	Custom Monthly Plan
What is the minimum unit purchase?	One unit is required to open the account. After making the minimum purchase, you may purchase units in any increment including fractional units.	Sold in increments of 50 units.
What is the maximum number of units that I can purchase?	You may buy up to 500 units for each Student Beneficiary. Although a Student Beneficiary may have more than one account, the total combined units cannot exceed the 500 unit lifetime maximum per Student Beneficiary.	You may buy up to 500 units for each Student Beneficiary. Although a Student Beneficiary may have more than one account, the total combined units cannot exceed the 500 unit lifetime maximum per Student Beneficiary.
Is there a difference in the price of the units?	The current unit price is \$66. The unit price is set on September 1 and may be adjusted on May 1 of each year. You pay whatever the current unit price is at the time we <u>RECEIVE</u> your payment.	The unit price is fixed at \$66 and 7.5% interest is charged on the total contract when spreading payments over 1 to 18 years. Your set monthly payment will not increase, even after unit prices increase.
When can the Student Beneficiary begin using the benefits?	<ul style="list-style-type: none"> Each unit purchased must be held for two years. The Student Beneficiary must be enrolled in an eligible institution of higher education. The Student Beneficiary must reach the benefit use year. The Program will not pay for expenses incurred for a Student enrolled in the Running Start Program as enacted in RCW 28A.600.300 through 28A.600.410. 	<ul style="list-style-type: none"> The contracted units must be paid in full. The account must be opened for two years. The Student Beneficiary must be enrolled in an eligible institution of higher education. The Student Beneficiary must reach the benefit use year. The Program will not pay for expenses incurred for a Student enrolled in the Running Start Program as enacted in RCW 28A.600.300 through 28A.600.410.
Can other people make contributions?	Anyone can make contributions to the account as long as the 500-unit maximum is not exceeded.	Anyone can make contributions to the account as long as the 500-unit maximum is not exceeded. The gifter can specify whether the contribution is to be applied to the set monthly payment or to purchase Lump Sum units at the unit price in effect at time the payment is received.
Do I have a payment due date?	No. You contribute at any time based on the unit price in effect at the time the payment is received.	Yes. Payments are due the 15 th of the month. A late fee will be posted to your account if the payment is not received by the 30 th of the month.

CHART C – Custom Monthly Plan Payments

Projected Benefit Use Year	Payment Term (in years)	Custom Monthly Plan Units									
		50 Units	100 Units	150 Units	200 Units	250 Units	300 Units	350 Units	400 Units	450 Units	500 Units
Fall 2008	1	\$ 290	\$ 579	\$ 867	\$ 1,156	\$ 1,444	\$ 1,733	\$ 2,021	\$ 2,310	\$ 2,598	\$ 2,887
Fall 2008	2	\$ 151	\$ 301	\$ 450	\$ 600	\$ 749	\$ 899	\$ 1,048	\$ 1,198	\$ 1,347	\$ 1,497
Fall 2009	3	\$ 105	\$ 208	\$ 311	\$ 415	\$ 518	\$ 621	\$ 724	\$ 827	\$ 931	\$ 1,034
Fall 2010	4	\$ 82	\$ 162	\$ 242	\$ 322	\$ 403	\$ 483	\$ 563	\$ 643	\$ 723	\$ 803
Fall 2011	5	\$ 68	\$ 135	\$ 201	\$ 267	\$ 334	\$ 400	\$ 466	\$ 533	\$ 599	\$ 665
Fall 2012	6	\$ 59	\$ 116	\$ 173	\$ 231	\$ 288	\$ 345	\$ 402	\$ 459	\$ 516	\$ 574
Fall 2013	7	\$ 53	\$ 103	\$ 154	\$ 205	\$ 255	\$ 306	\$ 357	\$ 407	\$ 458	\$ 509
Fall 2014	8	\$ 48	\$ 93	\$ 139	\$ 185	\$ 231	\$ 277	\$ 323	\$ 368	\$ 414	\$ 460
Fall 2015	9	\$ 44	\$ 86	\$ 128	\$ 170	\$ 212	\$ 254	\$ 296	\$ 338	\$ 381	\$ 423
Fall 2016	10	\$ 41	\$ 80	\$ 119	\$ 158	\$ 197	\$ 236	\$ 276	\$ 315	\$ 354	\$ 393
Fall 2017	11	\$ 39	\$ 75	\$ 112	\$ 149	\$ 185	\$ 222	\$ 259	\$ 295	\$ 332	\$ 369
Fall 2018	12	\$ 37	\$ 71	\$ 106	\$ 141	\$ 175	\$ 210	\$ 245	\$ 279	\$ 314	\$ 349
Fall 2019	13	\$ 35	\$ 68	\$ 101	\$ 134	\$ 167	\$ 200	\$ 233	\$ 266	\$ 299	\$ 332
Fall 2020	14	\$ 33	\$ 65	\$ 97	\$ 128	\$ 160	\$ 192	\$ 223	\$ 255	\$ 286	\$ 318
Fall 2021	15	\$ 32	\$ 63	\$ 93	\$ 123	\$ 154	\$ 184	\$ 215	\$ 245	\$ 276	\$ 306
Fall 2022	16	\$ 31	\$ 61	\$ 90	\$ 119	\$ 149	\$ 178	\$ 207	\$ 237	\$ 266	\$ 295
Fall 2023	17	\$ 30	\$ 59	\$ 87	\$ 116	\$ 144	\$ 173	\$ 201	\$ 229	\$ 258	\$ 286
Fall 2024	18	\$ 30	\$ 57	\$ 85	\$ 112	\$ 140	\$ 168	\$ 195	\$ 223	\$ 251	\$ 278

Section 6 – Payment Options

For your convenience, we will send you a coupon book for Lump Sum and/or Custom Monthly Plan purchases. The GET Program offers a variety of other payment options including: automatic monthly bank account (ACH) withdrawals, payroll deduction and customer directed bank transfers through our secure Web site. For more details about these options, please refer to our 2005-06 Enrollment Kit. If you want to initiate any of these other payment options, please check the appropriate boxes and submit the information required. (Note: We do not accept credit/debit cards for unit purchases.)

Section 7 – Enrollment Fee

The GET Program charges a one-time non-refundable \$50 enrollment fee per Student Beneficiary when you enroll. If you are paying the enrollment fee by check or money order, check box A. If you are paying the enrollment fee by credit/debit card, check box B and provide the requested information. **The enrollment fee is due at time of enrollment.** You may qualify for an enrollment fee waiver if you meet the following criteria:

1. Are you the designated Account Owner for two or more accounts for Student Beneficiaries living at the same address? ☐ Yes ☐ No
2. Have you paid the maximum \$100 in enrollment fees on the accounts in Question 1? ☐ Yes ☐ No

If you answered yes to both of these questions, you may qualify for an enrollment fee waiver. Check box C and provide the GET account number (or SSN if you are opening the other accounts today and do not have an account number yet) and Student Beneficiary name for the accounts where the \$50 enrollment fee has been paid. The enrollment fee waiver is subject to final approval by the GET Program.

Section 8 – Signature

The “Individual Account Owner” must sign the enrollment form. If the Account Owner is a minor (under the age of 18), the Legal Guardian must sign the form and complete Section 9, Part C. If the account is funded with proceeds from a UGMA/UTMA, the Custodian of the UGMA/UTMA must sign the form and complete Section 9, Part C.

For “Other Account Owners Types”, the individual authorized to sign on behalf of the entity must sign the form. In the case of a trust, the trustee is usually the authorized representative. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the authorized representative.

Section 9 – Other Persons *(Please Note: Only the Account Owner can make changes to the account.)*

Part A – If you want to name an Account Owner Survivor for this account, complete Part A. The Account Owner Survivor will become the owner of the account upon the original Account Owner’s death. All rights and obligations of this agreement transfer to this Account Owner Survivor. If no Account Owner Survivor is listed, then all rights and obligations will automatically transfer to the Student Beneficiary. Note: If you want to authorize GET to release verbal information to the Account Owner Survivor, check the box and they will be included as an Information Release. You cannot name an Account Owner Survivor for GET accounts funded with UGMA/UTMA proceeds. However, you can name a Custodian Survivor (acts as Custodian upon the original Custodian’s death). Contact the GET Program office for more information.

Part B – You may authorize GET to release information regarding your account to another person(s) such as a spouse, grandparent or guardian. If you wish to authorize someone (in addition to the Account Owner) to make verbal inquiries on this account, complete Part B.

Part C – **Only** complete this section if the Account Owner identified in Section 2 is less than 18 years old. A Legal Guardian must be designated when the Account Owner is a minor. If the GET account is funded with UGMA/UTMA proceeds, name the Custodian of the UGMA/UTMA.

Section 10 – Demographic Information

This information is optional. However, it does give the GET Program a better understanding of our customers, which helps us when considering upgrades/improvements to the program.

Section 11 – Automatic Monthly Payment (ACH) Information – (Optional)

If you checked box A in section 6, complete this section. Completing this section authorizes GET to automatically deduct a monthly amount from your bank account to your GET account. Payments are deducted on the 15th of each month or the following business day. You may choose to make your Custom Monthly Plan payment using this option, or you can opt to purchase Lump Sum units in this manner. Please provide information for the bank account holder. This person may be different than the person listed as the Account Owner on the account but you must include the bank account holder authorizing signature.